## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

09/601192

olication or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	L ENTITY		OTHER	THAN	
FOR			(Column 1)		(Column 2) NUMBER EXTRA		TYPE		OR	SMALL	ENTITY	
FOR		'	NUMBER FILED		NUMBER EXTRA		RATE	•	]	RATE	FEE	
BASIC FEE		- 1	Y/\\		. 4					OR	2	840
TOTAL CLAIMS			η minus 20=		•		X\$ 9=		OR	X\$18=	ţ	
INDEPENDENT CLAIMS			\ minus 3 =		•		X39=		OR	X78=	1	
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	840		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY OF			OTHER THAN OR SMALL ENTITY			
AMENDMENT A		CLA REMA AFT AMENC	IMS INING ER	101	· PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 10	) ·	Minus	••	20	= -	X\$ 9=		OR	X\$18=	
	independent	•	1	Minus	•••	<u> </u>	=	X39=		OR	X78=	
	FIRST PRESE	NTATIO	OF M	ULTIPLE DE	PEN	DENT CLAIM		÷130=	·	OR	+260=	
								TOTA		OR	TOTAL	
9	-2205	(Colu	mn 1)		. ((	Column 2)	(Column 3)	TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
	-21.05	(Colu	IMS INING TER		: PI	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA			OR		ADDI- TIONAL FEE
	-21-05 Total	CLA REMA AFI AMENI	IMS INING TER OMENT	Minus	: PI	HIGHEST NUMBER REVIOUSLY	PRESENT	ADDIT. FE	ADDI- TIONAL	OR OR	ADDIT. FEE	TIONAL
AMENDMENT B	Total Independent	CLA REMA AFI AMENU	IMS INING TER EMENT	Minus	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	TIONAL
	Total	CLA REMA AFI AMENU	IMS INING TER EMENT	Minus	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE X\$ 9=	ADDI- TIONAL FEE	OR	RATE X\$18=	TIONAL
	Total Independent	CLA REMA AFI AMENU	IMS INING TER EMENT	Minus	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE X\$ 9= X39=	ADDI- TIONAL FEE	OR OR OR	RATE X\$18= X78=	TIONAL
	Total Independent	CLA REMA AFI AMENU	IMS INING ER MENT  NOF M	Minus	PI	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA	ADDIT. FE  RATE  X\$ 9=  X39=  +130=  TOTA	ADDI- TIONAL FEE	OR OR OR	RATE  X\$18=  X78= +260=	TIONAL
C AMENDMENT B	Total Independent	CLA REMA AFI AMENI • )	IMS INING ER MENT  N OF MI  IMS INING ER	Minus	EPENIC (C	HIGHEST NUMBER REVIOUSLY PAID FOR () DENT CLAIM	PRESENT EXTRA	ADDIT. FE  RATE  X\$ 9=  X39=  +130=  TOTA	ADDI- TIONAL FEE	OR OR OR	RATE  X\$18=  X78= +260=	TIONAL
MENT C AMENDMENT B	Total Independent	CLA REMA AFI AMENI • (Colu CLA REMA AFI	IMS INING ER MENT  N OF MI  IMS INING ER	Minus	EPENIC (C	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA  = (Column 3) PRESENT	RATE  X\$ 9=  X39=  +130=  TOTA  ADDIT. FE	ADDI- TIONAL FEE	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE	ADDI- TIONAL
MENT C AMENDMENT B	Total Independent FIRST PRESE	CLA REMA AFI AMENIO CLA REMA AFI AMENIO	IMS INING ER MENT  N OF MI  MING INING TER DMENT	Minus  ULTIPLE DE	: PI	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM DENT CLAIM DENT CLAIM DENT CLAIM DENT CLAIM PAID FOR	PRESENT EXTRA  (Column 3)  PRESENT EXTRA	RATE  X\$ 9=  X39=  +130=  TOTA ADDIT. FE	ADDI- TIONAL FEE	OR OR OR	RATE  X\$18=  X78=  +260= TOTAL ADDIT. FEE	ADDI- TIONAL
C AMENDMENT B	Total Independent FIRST PRESE	CLA REMA AFI AMENIO CLA REMA AFI AMENIO	IMS INING ER MENT  N OF MI  MING INING TER DMENT	Minus  ULTIPLE DE	: PI	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM DENT CLAIM DENT CLAIM DENT CLAIM DENT CLAIM PAID FOR	PRESENT EXTRA  (Column 3)  PRESENT EXTRA	RATE  X\$ 9=  X39=  +130=  TOTA  ADDIT. FEI  RATE  X\$ 9=  X39=	ADDI- TIONAL FEE	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=  X78=	ADDI- TIONAL
AMEN' MENT C AMENDMENT B	Total Independent FIRST PRESE	CLA REMA AFI AMENI  (Colu CLA REMA AFI AMENI  AFI AMENI	MMS INING ER OMENT  N OF MI  MIN OF MI  N OF MI	Minus ULTIPLE DE	PI ((C	HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM  Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM	PRESENT EXTRA  (Column 3)  PRESENT EXTRA	ADDIT. FE  RATE  X\$ 9=  X39=  +130=  RATE  X\$ 9=  X39=  +130=	ADDI-TIONAL FEE	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=  X78=  +260=	ADDI- TIONAL
AMEN' MENT C AMENDMENT B	Total Independent FIRST PRESE	CLA REMA AFI AMENI  (COLU CLA REMA AFI AMENI  ENTATIOI	IMS INING ER MENT  N OF MI  INING ER DMENT  N OF MI	Minus ULTIPLE DI Minus ULTIPLE DI he entry in co	PEPENI (C)	HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM  Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR  DENT CLAIM	PRESENT EXTRA  (Column 3)  PRESENT EXTRA	ADDIT. FE  RATE  X\$ 9=  X39=  +130=  TOTA  ADDIT. FE  X\$ 9=  X39=  +130=	ADDI-TIONAL FEE	OR OR OR	RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=  X78=	ADDI- TIONAL